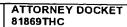
Combined Declaration For Par Application and Power of Attorney							ATTORNEY DOCKET 81869THC		
As below named invertible My residence, post office address I believe I am the original, first below) of the subject matter which	and citizenship a and sole inventor	re as stated below (if only one na	me is lis	ted below) or an original		nt invento	r (if plura	l names a	re listed
A METHOD OF PRO	OVIDING I	PHOTOGI	RAPH	IC PRODUCTS	AND SE	RVIC	ES		
The specification of which (check	k anly one item he	olow).							
X is attached hereto.	k only one rain of	<u></u>	-	<del></del>					
was filed as United State	es Application Se	erial No on ar	nd						
was amended on (if app		silai NO. Oli ai							
was filed as PCT interna	,	n Number on	and was	amended under PCT A	rticle 19 on (	if applicat	ole).		
I hereby state that I have reviewe								y any ame	ndment
referred to above.					_				
I acknowledge the duty to disclo		ent & Trademari	k Office a	ll information known to	me to be mate	rial to pate	entability	as defined	in Title
37, Code of Federal Regulations, I hereby claim foreign priority be		35, United State	es Code.	119 of any foreign appli	cation(s) for n	atent or in	ventor's ce	ertificate c	or of any
PCT international application(s)	designating at leas	st one country o	ther than	the United States of Ame	rica listed bel	ow and hav	ve also ide	entified be	low any
foreign applications(s) for paten	t or inventor's cer	tificate or any F	PCT inter	national application(s) de	signating a le	ast one co	untry othe	r than the	
States of America filed by me on PRIOR FOREIGN/PCT APPL	the same subject	matter having a	filing date	before that of the applic	ation(s) of wh	ich priority	is claime	d:	
		PLICATION NUMBER		DATE OF FILING		PRIO	RITY CLAIMED UK	DER MUSC 611	9
COUNTRY (# PCI, indicate PCI)	<del></del>	PEICATION NUMBER	T	(day month year)	г		YES		NO
			_				YES		NO
				_ <del></del>			YES		NO
							L		
I hereby claim the benefit under	Title 35, United S	tates Code, 119	$\S$ (e) of ar	ny United States provision	nal application	ı(s) listed b	elow:		
PRIOR PROVISIONAL APPL	ICATION(S) AN	D ANY PRIOR	RITY CLA	IMS UNDER 35 U.S.C	. §119 (e):				
_	PPLICATION NUMBER				FILING DA	TE			
I hereby claim the benefit under the United States of America tha prior applications(s) in the man Office all information known to between the filing date of the pri	t is/are listed belower provided by the me to be material.	w and, insofar a: e first paragrapl al to patentabili	s the subj h of Title ty as defi	ect matter of each of the 35, §112, I acknowledge ned in Title 37, Code of	claims of this the duty to d f Federal Reg	application isclose to u ulations §1	is not di: the U.S. P	sclosed in atent & T	that/thos rademarl
PRIOR US APPLICATIONS ( 35USC§120:	OR PCT INTERN	NATIONAL AP	PLICATI	ONS DESIGNATING 1	THE U.S FOI	R BENEFI	T UNDE	R	
U.S. APPLICATIONS						STATL	JS (Check or	ne)	
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Pi	CT APPLICATIONS D	ESIGNATING THE	U.S.						
PCT APPLICATION NO. PCT FILE		NG DATE  U.S. SERIAL NUMBERS ASSIGNED (if any)			_		1		
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POWER OF ATTORNEY: As a named inventor, I hereby appoint the attorney(s) and/or agent(s) associated with Eastman Kodak Company Customer No. 01333 to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Send Correspondence to: Patent Legal Staff				Direct Telephone Calls to: (name and telephone number)
		Eastman Ko 343 State Sta Rochester, N	Thomas H. Close (716) 722-2396 FAX: (716) 477-4646	
2	FULL NAME OF INVENTOR	FAMILY NAME Fenton	FIRST GIVEN NAME David	SECOND GIVEN NAME  E.
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2	BUSINESS ADDRESS	BUSINESS ADDRESS Eastman Kodak Company	343 State Street, Rochester	STATE & ZIP CODE (COUNTRY) New York 14650 USA
2	FULL NAME OF INVENTOR	FAMILY NAME Mizelle	FIRST GIVEN NAME Steven	SECOND GIVEN NAME  L.
0	RESIDENCE &	Pittsford	STATE OR FOREIGN COUNTRY New York 14534 USA	COUNTRY OF CITIZENSHIP USA
3	BUSINESS ADDRESS	BUSINESS ADDRESS Eastman Kodak Company	343 State Street, Rochester	STATE & ZIP CODE (COUNTRY) New York 14650 USA
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
0	RESIDENCE & CITIZENSHIP	CITY BUSINESS ADDRESS	STATE OR FOREIGN COUNTRY  CITY	COUNTRY OF CITIZENSHIP  STATE & ZIP CODE (COUNTRY)
4	BUSINESS ADDRESS FULL NAME OF	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
2	INVENTOR RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
5	CITIZENSHIP BUSINESS ADDRESS	BUSINESS ADDRESS	CITY	STATE & ZIP CODE (COUNTRY)
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
6	BUSINESS ADDRESS	BUSINESS ADDRESS	CITY	STATE & ZIP CODE (COUNTRY)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

_	/	
Warr d C-lew tan	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203
DATE	DATE	DATE / /
12 Jan 2001	01/10/01	1/18/01
SIGNATURE OF INVENTOR 204	SIGNATURE OF INVENTOR 205	SIGNATURE OF INVENTOR 206
DATE	DATE	DATE